

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

422

**1. PLACE OF DEATH**

County Cass  
Township Grand River  
City Harrisonville (No. 1)

Registration District No. 156  
Primary Registration District No. 4090

File No. 422  
Registered No. 7  
St. 5 Ward

**2. FULL NAME**

(a) Residence, No. Adrian, Mo. Ward. Adrian, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John B Hays

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 86-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
81 3 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Missouri

13. NAME Robert C Allison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Missouri

15. MAIDEN NAME Lucinda Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Missouri

17. INFORMANT (ADDRESS) Woodie B. Hays Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Adrian, Mo. DATE Jan. 23, 1932

19. UNDERTAKER (ADDRESS) Creath + Son Adrian Mo.

20. FILED 1/24 1932 D B Long Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 15, 1932 to Jan 23, 1932.  
I last saw her alive on Jan 23, 1932. Death is said to have occurred on the date stated above, at 11:50 a.m.  
The principal cause of death and related causes of importance were as follows:

acute indigestion  
186B  
194B  
118C

Other contributory causes of importance:  
Breaking leg  
Stomach trouble  
Old age  
Name of operation none Date of none  
What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury none, 1932  
Where did injury occur? none  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Chyfe Bartley, D.C. M.D.  
(Signed) Harrisonville, Mo.  
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1932

N. B.—Every item of information should  
be given in full terms.

AGE and SEX of person  
to whom referred.

Number

1000

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cass  
Township Harrisonville  
City Harrisonville

Registration District No. 156  
Primary Registration District No. 4090

File No. 7  
Registered No. 7  
St.        Ward       

**2. FULL NAME**

(a) Residence, No.        St.        Ward         
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED July 20 1932 18 Long Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1932

22. I HEREBY CERTIFY, That I attended deceased from        to       , 19      

I last saw h.        alive on       , 19      . Death is said

to have occurred on the        stated above, at        m.

The principal cause of death and related causes of importance were as follows:

Acute Indigestion Date of onset       

FELL ON THE FLOOR  
IN THE HOUSE AND  
BROKE LEG.

Other contributory causes of importance:

Broken leg  
Stomach trouble 5  
Age

Name of operation        Date of       

What test confirmed diagnosis        Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide        Date of injury       , 19      

Where did injury occur?        (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury       

Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?

If so, specify       

(Signed)       , M. D.

(Address)       

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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